PayFlex™ Parking Reimbursement Account Enrollment Form

___ New Enrollment ___ Annual Re-enrollment ___ Change Check Here if ___ New Address

(Please Print)
SS# _____ – _____ – _____ Name _____
(Last) (First) (MI)

Street _____ City _____ State _____ Zip _____

e-Mail Address _____ @ _____

Employer Name City of Lincoln Location _____ # of Pay Periods Annually 26

___ Yes, I wish to participate in the PayFlex Parking Compensation Program. I elect to contribute the amounts indicated below, during the **Plan Year November 1, 2005, through October 31, 2006**.

	Pay Period Deduction	Total Annual Deduction
Parking Reimbursement Account	$_____	$_____

I agree that the amount(s) shown above as TOTAL BEFORE-TAX DOLLARS may be deducted from my salary and deposited in my Parking Reimbursement Account. I understand that I will be reimbursed with before-tax dollars from my account for expenses eligible under Section 132 of the Internal Revenue Code.

___ I am also electing to utilize the mbi Flex Convenience Card to have claims paid by PayFlex from my Plan Account. I understand that by utilizing the mbi Flex Convenience Card for payment of claims that I am not authorized to exceed the amount designated in my Plan account for payment of claims. By executing this Agreement, I further understand that in the event my use of the mbi Flex Convenience Card results in a charge being paid for non-Qualified expenditures, the City of Lincoln is authorized to deduct from my paycheck the amounts necessary to repay any charges paid for nonqualified expenditures or claims paid in excess of my annual plan contribution.

___ I have been offered the opportunity to enroll in the PayFlex Section 132 Plan of Parking Reimbursement, and do not wish to enroll at this time.

Employee's Signature: _____ Date: _____ Work Phone _____

Complete Section Below For Direct Deposit Only

Pre-Authorization For Direct Deposit

___ I authorize PayFlex Systems USA, Inc. to initiate a credit and/or debit entry to my account for my PayFlex reimbursements. This agreement is to remain in full effect until written notification is supplied by me terminating this agreement.

"VOIDED" CHECK MUST ACCOMPANY DIRECT DEPOSIT APPLICATION.

Name _____ Social Security Number _____
(Please Print)

Signature _____ Date _____